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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/686492	
	Filing Date	October 14, 2003	
	First Named Inventor	Wolfgang Fink	
	Art Unit	3762	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	5	Attorney Docket Number	CTCH-P01-021

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Attorney Docket Number Statement Under 37 CFR 3.73(b) Return receipt postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ROPES & GRAY LLP		
Signature			
Printed name	Edward A. Gordon		
Date	February 28, 2005	Reg. No.	54,130

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Date: <u>2/28/2005</u>	Signature: <u>Joanne Ryan</u> (Joanne Ryan)



PTO/SB/122 (09-04)
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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/686492
	Filing Date	October 14, 2003
	First Named Inventor	Wolfgang Fink
	Art Unit	3762
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	CTCH-P01-021

Please change the Correspondence Address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name	Matthew P. Vincent ROPES & GRAY LLP				
Address	One International Place				
City	Boston	State	MA	Zip	02110-2624
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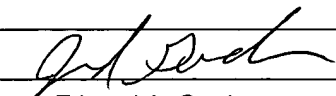
I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 54,130

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature 

Typed or Printed Name Edward A. Gordon

Date February 28, 2005 Telephone (617) 951-7066

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Dated: 2/28/05 Signature: Joanne Ryan
(Joanne Ryan)

Docket No.: CTCH-P01-021
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Fink et al.

Application No.: 10/686492

Group Art Unit: 3762

Filed: October 14, 2003

Examiner: Not Yet Assigned

For: OPTICALLY POWERED AND OPTICALLY
DATA-TRANSMITTING WIRELESS
INTRAOCULAR PRESSURE SENSOR
DEVICE

CHANGE OF ATTORNEY DOCKET NUMBER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

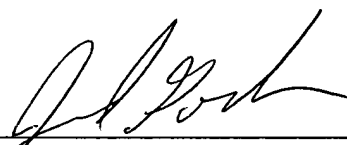
Dear Sir:

Please note that the Attorney Docket Number has been changed from 06618-925001/CIT3783 to **CTCH-P01-021**. Please reference **CTCH-P01-021** on all future correspondence.

Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 18-1945, under Order No. CTCH-P01-021 from which the undersigned is authorized to draw.

Dated: February 28, 2005

Respectfully submitted,

By 
Edward A. Gordon

Registration No.: 54,130
ROPES & GRAY LLP
One International Place
Boston, Massachusetts 02110-2624

(617) 951-7000
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Attorneys/Agents For Applicant



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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Fink et al.
Application No./Patent No.: 10/686492 Filed/Issue Date: October 14, 2003
Entitled: OPTICALLY POWERED AND OPTICALLY DATA-TRANSMITTING WIRELESS INTRAOCULAR PRESSURE SENSOR DEVICE
California Institute of Technology, a university
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015006, Frame 0253, or for which a copy thereof is attached.

OR


B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


Signature
Adam Cochran
The Intellectual Property Counsel
The California Institute of Technology

Date
28 February 2005
Telephone Number
626-395-4567

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Dated: 2/28/2005 Signature:  (Joanne Ryan)



PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/686492
	Filing Date	October 14, 2003
	First Named Inventor	Wolfgang Fink
	Art Unit	3762
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	CTCH-P01-021

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name **ROPES & GRAY LLP**
Matthew P. VincentAddress **One International Place**City **Boston**Country **US**

State

MA

Zip

02110-2624Telephone **(617) 951-7000**

Fax

(617) 951-7050

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Adam Cochran, The Intellectual Property Counsel, California Institute of Technology

Date

28 February 2005

Telephone

(626) 395-4567

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

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Dated:

2/28/2005

Signature:

(Joanne Ryan)